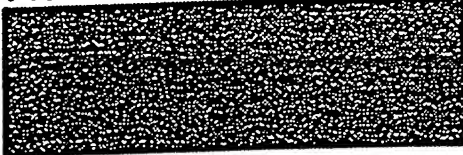


2700 INTERNAL TRANSFER REQUEST FOR S.N.

| | |
|--|--|
| DATE: _____ | FROM: <u>HONG</u> (print name) |
| FORWARD TO: | REASON(S): |
| A. Art Unit: <u>2644</u> | A. You had Parent <input type="checkbox"/> (check box) |
| B. Class: <u>704</u> | B. See Title <input type="checkbox"/> (check box) |
| C Subclass: <u>1+</u> | C. See Abstract <input type="checkbox"/> (check box) |
| | D. See Claim(s): _____ |
| FURTHER EXPLANATION IF NEEDED: <u>linguistic analysis of the words in</u> <u>document. Yours?</u> | |

| | |
|--------------------------------|--|
| DATE: _____ | FROM: _____ (print name) |
| FORWARD TO: | REASON(S): |
| A. Art Unit: _____ | A. You had Parent <input type="checkbox"/> (check box) |
| B. Class: _____ | B. See Title <input type="checkbox"/> (check box) |
| C Subclass: _____ | C. See Abstract <input type="checkbox"/> (check box) |
| | D. See Claim(s): _____ |
| FURTHER EXPLANATION IF NEEDED: | |

| | |
|---|--|
| DATE: _____ | FROM: _____ (print name) |
| FORWARD TO CLASSIFIER | REASON(S): |
|  | A. You had Parent <input type="checkbox"/> (check box) |
| | B. See Title <input type="checkbox"/> (check box) |
| | C. See Abstract <input type="checkbox"/> (check box) |
| | D. See Claim(s): _____ |
| FURTHER EXPLANATION IF NEEDED: | |

DISPOSITION BY 2700 CLASSIFICATION

| | |
|--------------------------------|--|
| DATE: _____ | CLASSIFIER: _____ |
| FORWARD TO: | REASON(S): |
| A. Art Unit: _____ | A. You had Parent <input type="checkbox"/> (check box) |
| B. Class: _____ | B. See Title <input type="checkbox"/> (check box) |
| C Subclass: _____ | C. See Abstract <input type="checkbox"/> (check box) |
| | D. See Claim(s): _____ |
| FURTHER EXPLANATION IF NEEDED: | |